



#### **PATENT**

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/518,088

Filing Date:

October 24, 2005

Applicant:

Leif ANDERSSON et al.

Group Art Unit:

3662

Examiner:

Isam A. Alsomiri

Title:

MULTIPLE OPTICAL CHANNELS

Attorney Docket:

. 10400-000297/US

Customer Service Window Randolph Building 401 Dulany Street Alexandria, VA 22314 Mail Stop Issue Fee April 20, 2007

### SUBMISSION OF REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Sir:

Applicants submit herewith a copy of four (4) Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address forms executed by the inventors in connection with the above-identified application. Entry of these forms into the file of the above-identified application is respectfully requested.

Please charge any required fees or credit any overpayment pursuant to 37 C.F.R. §§ 1.16 or 1.17 to Deposit Account No. 08-0750.

Respectfully submitted,

HARNESS/ DICKEY, & PIERCE, P.L.C.

By

John/A. Castellano, Reg. No. 35,094

P.O. Box 8910

Reston, Virginia 20195

(703) 668/8000

JAC/pw

Enclosures:

Revocation of Power of Attorney with New Power of Attorney and Change of

Correspondence Address Forms (4)



PTO/SB/82 (09-04)
Approved for use through 11/30/2005. OMB 0651-0035
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Art Unit	3662
Examiner Name	Isam A. Alsomiri
Attorney Docket Number	10400-000297/US

I hereby revoke all previous powers of attorney given in the above-identified application.						
A Powe	er of Attorn	ey is submitted herewith.				
OR ✓ I heret	by appoint	the practitioners associated with the C	Customer Number	:	30593	
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  30593  OR						
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		ord of the entire interest. See 37 CFR r 37 CFR 3.73(b) is enclosed. (Form F				
		SIGNATURE of Applicant or	r Assignee of Re	cord		
Signature	defo	Inleimen				
Name	ame Leif ANDERSSON					
Date	2007-03-14 Telephone +4687682					
NOTE: Signatures signature is requir		tors or assignees of record of the entire interest or the	eir representative(s) are r	equired. Submi	it multiple forms if more than one	е
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This collection of information is required by 37 CFR 1.36. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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hereby revoke all previous powers of attorney given in the above-identified application.			
A Power of Attorney is submitted herewith.			
OR  ✓ I hereby appoint the practitioners associated with the Customer Number:  30593			
✓ Please change the correspondence address for the above-identified application to: ✓ The address associated with Customer Number: 30593			
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am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
ignature Miliand Heafine			
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ate May 12, 2007 Telephone			
OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one inature is required, see below*.			
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SIGNATURE of Applicant or Assignee of Record
ame Rolf RICHTER
ate 2007 - 03 - 22 Telephone
TE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one
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